

**FOREIGN
BUSINESS CORPORATION**

STATE OF MAINE

**APPLICATION FOR
AUTHORITY TO DO BUSINESS**

(Check box only if applicable.)

☐ This is a professional corporation pursuant to
13 MRSA Chapter 22-A.**

(Name of Corporation in Jurisdiction of Incorporation)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 13-C MRSA §1503, the undersigned corporation executes and delivers the following Application for Authority to do Business:

FIRST: The name under which it proposes to apply for authority to do business in the State of Maine is

SECOND: The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

☐ Commercial Registered Agent CRA Public Number: _____

(name of commercial registered agent)

☐ Noncommercial Registered Agent

(name of noncommercial registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

THIRD: Pursuant to 5 MRSA §108.3, the registered agent as listed above has consented to serve as the registered agent for this corporation.

FOURTH: (For professional corporations only)

All of the professional corporation's shareholders, not less than a majority of its directors and all of its officers other than its clerk, secretary and treasurer, if any, are licensed in one or more states to render a professional service described in its articles of incorporation.

FIFTH: If the real corporate name is not available, the **fictitious** name under which it proposes to apply for authority to do business in the State of Maine: (If not applicable, so indicate.)

☐ Form MBCA-5 accompanies this application.

A **fictitious name** is a name adopted by a **foreign corporation** authorized to transact business in this State because its real name is unavailable pursuant to [§401](#).

SIXTH: Its jurisdiction of incorporation is _____ (state or country) and the date of incorporation is _____.

SEVENTH: Address of the principal office, wherever located, is:

(street, city, state and zip code)

(mailing address if different from above)

EIGHTH: The names and usual business addresses of its current directors and officers: (Attach additional pages, if necessary.)

(type or print name and capacity) Street _____
(street or mailing address)

(city, state and zip code)

(type or print name and capacity) Street _____
(street or mailing address)

(city, state and zip code)

(type or print name and capacity) Street _____
(street or mailing address)

(city, state and zip code)

(type or print name and capacity) Street _____
(street or mailing address)

(city, state and zip code)

NINTH:

This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law the foreign corporation is incorporated. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

Dated _____

***By** _____

(signature of any duly authorized officer)

(type or print name and capacity)

****The professional corporation name as used in the State of Maine must contain one of the following: “chartered,” “professional corporation,” “professional association” or “service corporation” or the abbreviation “P.C.,” “P.A.” or “S.C.”.**

***This document **MUST** be signed by any duly authorized officer. ([13-C MRSA §121.5](#))**

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State

Division of Corporations, UCC and Commissions

101 State House Station

Augusta, ME 04333-0101

Telephone Inquiries: **(207) 624-7752**

Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- ☐ Hold for pick up
☐ Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
☐ Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person)

(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)